

PEER COUNSELOR APPLICATION (GRANDFATHERED)

NAME	TELEPHONE NUMBER
ADDRESS	EMAIL

WAC 388-865-0150

"Consumer" means:

- A person who has applied for, is eligible for, or who has received mental health services.
- For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.

Please check and answer all that apply.

- ☐ I am a consumer over the age of 16 (based on the above definition).
- ☐ I have been trained by one of the MHD approved trainers listed below (or a trainer not listed who should be considered). I am submitting my completed, signed and dated, application and questions (prior to December 31, 2004) and will take the Peer Counselor exam (by January 31, 2005).

The approved trainer's name is: _____

The training was called: _____

The date of the training was: _____

- ☐ **I have included with my application:** 1. The **required photocopy of my registration** with the Department of Health as a Registered Counselor, 2. The **required letter of support** from a Mental Health Professional and, 3. **And a photocopy of the certification of completion** from the training I listed above **OR a letter** that includes the name of the trainer(s) brief description of training content, location and approximate date(s) of training, and the total number of hours of the training.

All items must be submitted prior to December 31, 2004.

- ☐ I am currently working providing peer support at _____
- ☐ I am currently volunteering providing peer support at _____
- ☐ I have worked to provide peer support within the last two years at _____
- ☐ After receiving certification as a Peer Counselor, I will be hired by _____

Please sign off on the following:

I have completed this application and attached Application Questions on my own.

SIGNATURE	DATE
-----------	------

Approved Trainers (additional trainers will be considered):

Martha Hodges	Jody Lubrecht	Pat Miles
NAMI (Family to Family)	Joe Marrone	Carol Stieper
NAMI (Peer to Peer)	Pam Hyde	Vera Pina
Wilma Townsend	Karl Dennis	Parent Partner Training
Neil Brown	John VanDenBerg	Georgia's Certified Peer Counselor Training
Colleen Waterhouse	Consumer to Provider	IAPSRs

**DSHS/Mental Health Division
Peer Counselor Application for Grandfathered Applicants
Instructions**

Instructions for Applying

This packet contains your application form and application questions. Please read, fill out carefully, the application and application questions. Then sign and date the application stating you completed this packet on your own.

Applicants applying for grandfathered certification must submit

- 1) A signed application and application questions.
- 2) Photocopy of registration with DOH as a registered counselor (see information below)
- 3) Photocopy of certification of completion of training from an approved trainer listed on application form (additional trainers will be considered). **OR** submit a letter that includes the name of the approved trainer(s), brief description of training content, location and approximate dates(s) of the training, and the total number of hours.
- 4) A letter of support from a Mental Health Professional.
- 5) All materials must be received by December 31, 2004.

Mental Health Division training for peer counselor certification will not be needed if a grandfathered applicant takes and passes the Peer Counselor exam offered by the Mental Health Division by January 31, 2005.

Please submit all documents together to:

**Attention: Bonnie Staples
DSHS Mental Health Division
P.O. Box 45320
Olympia, Washington 98504-5320**

All applications must include a photocopy of your registration as a Registered Counselor obtained from the Department of Health.

Apply to DOH for this document as soon as possible. It will take at least a month to receive your registration after all paperwork is submitted to this agency. You can contact DOH at (360) 236-4700 to obtain application or you can get the application online at www.doh.wa.gov/licensing.htm. DOH will require the application, a \$40.00 fee, and a four-hour HIV/Aids Class. The class must be taken prior to applying for your registration with DOH. While DOH does not provide this class you can contact DOH for class information in your location.

For further information contact:

Bonnie Staples
DSHS/ Mental Health Division
1-800-446-0259